



\* JACOB E. VILHAUER, JR.  
\* JENNIS E. STENZEL  
\* CHARLES D. MCCLUNG  
\* DONALD B. HASLETT  
\* J. PETER STAPLES  
\* WILLIAM O. GENY  
\* NANCY J. MORIARTY  
\* JULIANNE R. DAVIS  
\* KEVIN L. RUSSELL

DANIEL P. CHERNOFF  
(1935-1995)

LAW OFFICES

CHERNOFF, VILHAUER, MCCLUNG & STENZEL, LLP

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COMPETITION MATTERS

1600 ODS TOWER  
601 S.W. SECOND AVENUE  
PORTLAND, OREGON 97204-3157  
TELEPHONE: (503) 227-5631  
FAX: (503) 228-4373

#12  
\* TIM A. LONG  
\* KURT ROHLFS  
\* BRENNAN K. LEGAARD  
\* SCOTT C. KRIEGER  
\* SUSAN D. PITCHFORD

\* REGISTERED PATENT ATTORNEY  
†† MEMBER UTAH AND D.C. BARS

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APR 02 2004

March 26, 2004 OFFICE OF PETITIONS

Our File 1016.0065

Mail Stop Petitions  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: United States Patent Application No.09/541,447  
For: AUDIOVISUAL INFORMATION MANAGEMENT SYSTEM  
Applicant: Sezan  
Filed: March 31, 2000

Dear Sir:

Enclosed for filing is a Petition for Revival of a Patent Application abandoned unintentionally under 37 U.S.C. 1.137 (b). Additionally, we enclose an Amendment in Response which includes a Petition for Extension of Time along with our check for \$2,280 and an acknowledgment postcard.

Please charge Deposit Account No. 03-1550 for any additional fees which may be required or credit any over payments to that account. Duplicate copies of Fee Sheet 2004 are enclosed herewith.

Respectfully submitted,

Kevin L. Russell

KLR:djs  
Enclosures



2173  
A

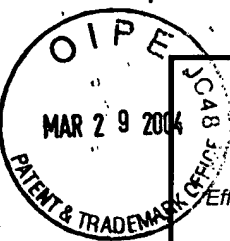
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	09/541,447
		<b>Filing Date</b>	March 31, 2000
		<b>First Named Inventor</b>	Muhammed Ibrahim Sezan ✓
		<b>Group Art Unit</b>	2173
		<b>Examiner Name</b>	Xiomara L. Bautista
<b>Total Number of Pages in this Submission</b>		<b>Attorney Docket Number</b>	7146.0065

**RECEIVED**  
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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal <input checked="" type="checkbox"/> Fee attached form  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response  <input type="checkbox"/> Affidavits/Declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing Related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosures (identify below) Petition to Revive; and an Acknowledgment Postcard.
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Kevin L. Russell of Chernoff Vilhauer McClung & Stenzel, LLP
Signature	
Date	March 26, 2004

CERTIFICATE OF MAILING			
I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: MAIL STOP PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.			
<input checked="" type="checkbox"/> with sufficient postage as first class mail <input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
Type or print name	Scott C. Krieger	Date	March 26, 2004
Signature			



# FEE TRANSMITTAL for FY 2004

Effective 10/1/2003. Patent fees are subject to annual revision.

Complete If Known

Application Number	09/541,447
Filing Date	March 31, 2000
First Named Inventor	Muhammed Ibrahim Sezan
Examiner Name	Xiomara L. Bautista
Art Unit	2173
Attorney Docket No.	7146.0065

☐ Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT \$2,280

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number

03-1550

Deposit Account Name

Chernoff Vilhauer McClung & Stenzel

The Commissioner is authorized to: (check all that apply)

☐ Charge fees indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge any fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Code (\$)	Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			\$0

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20	**= 0	x 18	= 0
Indep. Claims	3	**= 0	x 86 = 0
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	**Reissue independent claims over original patent
1205 18	2205 9	*Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		\$0

\*\*or number of previously paid, if greater. For reissues, see above.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex-parte reexamination	
1804	920	1804	920	Requesting publication of SIR prior to Examiner action	
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	950
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	1,330
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (times no. of properties) - total assignments 1	
1809		2809		Filing a submission after final rejection (37 C.F.R. 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$2,280

## SUBMITTED BY

Complete (if applicable)

Name (print type)	Scott C. Krieger	Registration No.	42.768	Telephone	(503) 227-5631
Signature		Date	March 26, 2004		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 4-29-04      2 Serial/Patent # 09/541,447

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

☒ Extension of Time

14

3/29/04

\$ 950.00

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 950.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 03--1550

10 REASON:

Overpayment

Duplicate Payment

☒ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: NAN LAYMAN

TITLE: Pat. Exam.

SIGNATURE: Nan Layman

PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:  
\*\*\*\*\*

APPROVED: [Signature]

DATE: 4/29/04

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